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SECRETARY OF STATE
TALL AHASSEF, FLORID

COVER LETTER

Division of Corporations
NAME OF CORPORATION: OSPREY POINTE COMMUNITY ASSOCIATION, INC
DOCUMENT NUMBER: NULCOCO 8277
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KERNETH ZAWAI (Name of Contact Person)
OSPREY POINTE COMNWITY ASSOC. INC. (Firm/Company)
S201 SW 22 NP Place (Address)
(Address)
CAPE CORAL Fl. 33914 (City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 945-7484
(Name of Contact Person) at (239) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)

TO: Amendment Section

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OSPREY POINTE COMMUNITY ASSOC INC				
(Name of Corporation as currently filed with the Florida Dept. of State)				
N06000008277				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
The new				
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.				
B. Enter new principal office address, if applicable: S201 SW 22 PIACE				
(Principal office address MUST BE A STREET ADDRESS) CAPE COLAL F1. 33414				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5201 S W 22 ^R Place CAGE CORAL FT 33914				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:				
Name of New Registered Agent: KENNETH ZANNI 22 AD PIACE Solve (Florida street address)				
New Registered Office Address: CAPE COPPL, Florida 33914 (City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
Signature of New Registered Agent, if changing				
Page 1 of 4				

FILED

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SECRETARY OF STATE
ALLAHASSEF

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add Remove		David Reece	CAPECOKALFI. 33414
2) ChangeAddRemove	<u>TD</u>	Kenneth ZANNI	S201 SW 22-12 Place CARE CORAL FI 33914
3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6)ChangeAdd			
Remove			

If amending or additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	. If amending	g or adding addition	nal Articles, ente	er change(s) here	;		
	(attach addit	ional sheets, if nece	ssary). (Be spec	cific)			
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The date of each amendment(s) ado late this document was signed.	, if other than the	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopwas/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were	
Dated Signature	11. Harris Penton	
(By the chairm	an or vice chairman of the board, president or other officer-if directors	
	selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
	DURAN HARRIS - PENTON	
Г)	yped or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	